

Review of Literature Relating to

‘Theatre in Education’ as a

Tool in Alcohol Education

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Report commissioned by
Alcohol Education & Research Council

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Executive Summary

Background

This report, commissioned by the Alcohol Education and Research Council, presents the findings of a literature review of research and literature exploring the use of Theatre in Education (TIE) within alcohol education with young people. The reviews aims and objectives are:

Aim: To undertake a review of current relevant literature in order to identify whether TIE is an effective model of alcohol education and to guide and support the commissioning of TIE projects for alcohol education with young people in formal settings.

Objectives:

- Undertake a search of literature relating to TIE, in particular those relating specifically to alcohol education. Search to include database searching, internet searching and bibliography tracing and to include published, unpublished and grey literature as well as relevant policy framework documents.
- Review literature in order to identify extent to which there is any evidence of effectiveness to support the use of TIE in alcohol education with young people.
- If evidence of effectiveness does exist, key characteristics of successful projects to be identified from the relevant literature.

Key Issues

There remain significant gaps in the evidence base of TIE work and there is not consistency of findings in all of the available studies. However, a number of key learning points can be identified from reviewing recent, relevant studies.

TIE is an innovative and engaging medium that captures the imagination of young people. It is effective in establishing discussion and ongoing dialogue about personal, social and health issues relating to alcohol use in a way that teachers can find challenging within the confines of a classroom setting. While there is not a consensus in the evidence regarding the ability of all TIE interventions to increase knowledge levels, there are some studies that have shown measurable or significant knowledge gains. Other studies have shown no increase in knowledge levels. There is also evidence to suggest that TIE has the potential to, although does not always, influence young people's attitudes towards health related issues.

Evidence on TIE's ability to influence young people's behaviour in relation to alcohol use is limited. Evidence does suggest that TIE can influence short term behaviour, intended behaviour, improve problem solving skills, decision making and improve communication, but this evidence is limited.

There is more agreement within evaluation studies that focus on the processes involved in TIE interventions and from this it is possible to identify a number of characteristics that are associated with successful projects. Such characteristics include projects which are accompanied by comprehensive preparatory and follow up work supported by suitable resources, opportunities for participation by pupils, actor led discussion based workshops to consolidate learning following a performance, projects that are needs led and relevant to the lives of young people, delivered by credible, professional actors who are trained in participatory teaching skills as well as fully informed of facts relating to alcohol. Actors also require training in child protection and confidentiality issues when working in schools. Successful projects need the full and active support of the whole school community with clarity of role and responsibilities of those involved, particularly teachers who need to take on an active role rather than that of an observer. Perhaps most importantly, delivered as a stand alone project, TIE interventions are unlikely to dramatically impact upon young people's knowledge, skills and attitudes, but need to be delivered as part of an ongoing PSHE curriculum.

Recommendations

1. Commissioners should continue to fund TIE projects for alcohol education projects in schools where they demonstrate the characteristics of effective interventions listed in this study. In particular, programmes should;
 - be based on a needs assessment and targeted for the particular audience
 - be part of a wider and ongoing alcohol education curriculum
 - be delivered in partnership with the whole school community
 - use participatory methods and be accompanied by a workshop
 - have a well planned programme of preparatory and follow up work.
 - supply teachers with support, guidance and/or resources to support them in preparatory work and offer them a performance preview.
 - be delivered by actors who are skilled in participatory teaching methods and who are well informed about alcohol related issues
 - ensure actors are trained in child protection issues and confidentiality when working in schools.
 - have an evaluation plan built into the programme.
2. In order to ensure programmes are needs led and targeted, commissioners should consider, where possible, commissioning new programmes based on thorough needs assessments rather than purchasing 'off the shelf' packages. Where this is not possible, negotiations should take between commissioners and theatre companies in order to adapt programmes to meet specific local needs.

3. The findings of this literature review support the practical advice laid out in the guidance document 'Drug and Alcohol Through Theatre' (Drug and Alcohol Education and Prevention Team, 2004). Commissioners of TIE projects should encourage schools to work within these guidelines when managing an initiative and working with a theatre company.
4. In order to further develop the potential of this as an effective form of alcohol education, further research should be encouraged in order to fill gaps in the evidence base.

1. Background

This report was commissioned by the Alcohol Education and Research Council to support practitioners and commissioners in the development and delivery of Theatre in Education (TIE) projects relating to alcohol education. An increasing number of studies have been undertaken in recent years to evaluate and explore the value of TIE work with young people, particularly in health related issues. Some work has been done to look at the evidence of effectiveness of TIE in particular subject areas such as sex & relationship education and drugs education (Sawney, F. et al 2003, White, D. et al 2004). This study seeks to add to this knowledge base by looking at the available evidence of effectiveness as it relates specifically to alcohol education and to identify the processes and key features that can be seen to contribute to a successful TIE intervention for alcohol education.

2. Aims and Objectives

2.1 Aim:

To undertake a review of current relevant literature in order to identify whether TIE is an effective model of alcohol education and to guide and support the commissioning of TIE projects for alcohol education with young people in formal settings.

2.2 Objectives:

- Undertake a search of literature relating to TIE, in particular those relating specifically to alcohol education. Search to include database searching, internet searching and bibliography tracing and to include published, unpublished and grey literature as well as relevant policy framework documents.
- Review literature in order to identify extent to which there is any evidence of effectiveness to support the use of TIE in alcohol education with young people.
- If evidence of effectiveness does exist, key characteristics of successful projects to be identified from the relevant literature.

This study does not seek to act as an alternative to existing guidance on the use of TIE but rather to add to the discussions and compliment existing guidance within the specific field of alcohol education.

3. What is TIE?

A difficulty faced when reviewing current literature is the range of initiatives that fall under a general heading of TIE. As a tool, TIE has a long and rich history of engaging with participants in an imaginative and dramatic way in order to explore and develop knowledge, skills and attitudes around different issues. The term Theatre in Health Education (THE) is sometimes used to refer specifically to TIE interventions used to support work within a personal, social and health education (PSHE) curriculum. TIE within schools has a particularly strong tradition of work within sex and relationship education (SRE) and in the 1980's in particular was developed as a tool for exploring issues of HIV and AIDS (Sawney et al 2003).

Within the umbrella term of TIE, a number of activities can be seen to be incorporated but the key feature is that projects go beyond a stand alone performance and are based upon participatory principles. Performances are often accompanied by preparatory work by actors or teachers, workshops where issues raised in the performance can be explored and follow up activities led by teachers in the weeks following a TIE event. Included within performances are often activities such as freeze framing (an opportunity to stop the performance and direct the actions of characters) and commonly, hot seating or truth seating (an opportunity for the audience to question characters about their actions and decisions or to ask them factual questions about issues in the performance).

Literature also revealed other formats of TIE such as young people becoming involved in the development of the performance, and in some cases

performing the play themselves as a form of peer education to other pupils their own age, or to younger children (Evan et al, Douglas et al 2000).

In defining TIE, Hennessey (1998) identifies 7 key characteristics of TIE that distinguish it from conventional theatre:

- TIE is a socially oriented activity taking place within a defined space requiring the agreement of all involved to sustain an awareness of fiction.
- Performed before captive audiences who, in some cases, are restricted in their choice of whether to attend.
- It is a mediated learning experience initiated by actors through characters who are integral to the dramatic narrative.
- Productions focus work in colleges and schools and usually target age specific but mixed ability and gender pupils.
- Based on twin convictions that human behaviour and institutions are formed through social activity and can be changed. Audiences are agents of that change and should therefore be active participants in that process.
- TIE actors have a particular relationship with the audience, encouraging them to participate and to be responsive to and responsible for the dramatic narrative.

4. Methodology

While there have been an increasing number of large scale and formal research evaluation projects in this area in recent years, there was an awareness that many evaluations of PSHE interventions take place at a local level and are not published or widely circulated. Learning from such studies, can however have much to contribute to the wider knowledge base and there was a commitment within this study to include such work where appropriate.

A search strategy was therefore developed to identify relevant published, unpublished and grey literature as well as relevant policy framework

documents. Searches were conducted using Medline, Cinahl, Assia, Eric and Zetoc as well as general internet searches, bibliography tracing and contacting Theatre Companies and alcohol education commissioners directly. Over 50 documents were collected and assessed for appropriateness.

Criteria for including studies in the review focussed on relevancy of the study, clarity of aim and criteria relating to how systematic the methodology was.

Initially, it had been intended that the relevancy criteria would mean studies that focussed on TIE exploring the issue of alcohol specifically. However, very few recent studies were found which focussed specifically on alcohol. It was therefore decided to widen the criteria to studies looking at TIE within drugs education, or general PSHE issues. Some studies that look at TIE and other health issues such as sexual health have been included where the findings can be seen to be generalisable to other PSHE subjects.

A range of evaluation methodologies have been employed in the studies included within this review. Some focus on the impacts and outcomes of interventions and use quantitative methods to measure changes to knowledge, skills and attitudes (Starkey and Orme 2001, Wright 1993, Glicksman 1983, Holsclaw 1997). Others utilise more qualitative methods and focus more fully on the processes involved in TIE interventions (Cousins and Somers 2001, Winston 2002) while in some there was a combination of the two (Safer and Harding 1993). The complexity of the TIE intervention, the range of objectives it seeks to achieve and the difficulty in measuring outcomes have led some to argue that considerable work still needs to be done to develop appropriate evaluation tools (Dunne 1994, Wright 1993).

There were a limited number of studies that could be judged to be methodologically sound and there is not always consistency of findings and conclusions across studies. This is in part due to the difficulty in measuring outcomes and limited generalisability of findings as each TIE intervention is so unique (Bury et al 1988). TIE is, by its nature, dependent on social interactions and relationships (Hennessey 1988), making each intervention and its impact distinct.

A further limitation of the available literature is a tendency to focus on short term impact and outcome indicators rather than long term outcomes. There is no current evidence identifying the long term knowledge, skills or attitude outcomes as a result of TIE on health issues, or specifically relating to alcohol education.

The majority of the studies included within this review are British, although there are some from USA and Europe.

5. Context for TIE in Alcohol Education

While alcohol is one of the most commonly used and accepted drugs, it's impact on young people's lives is often underestimated. 1000 children under the age of 15 are admitted to hospital each year with acute alcohol poisoning and almost one third of 15-16 year olds binge drink and get drunk at least three times a month, a higher rate than most European countries (Health Development Agency online at www.wiredforhealth.gov.uk/cat.php?catid=86505/05/05).

Links have also been shown between drinking alcohol, risky sex and teenage pregnancy as well as other risk taking behaviour (Drug & Alcohol Education Prevention Team 2002). One study found that one third of pregnant 14-21 year olds had been drinking when they became pregnant (Flannigan et al 1990).

Explicit alcohol education is included in the national curriculum at Key Stages 3 and 4 within 'The National Curriculum Science Orders' and within the 'PSHE Framework'. As well as explicit learning objectives around alcohol, there are other more general objectives within the PSHE Framework that contribute to alcohol education (Health Development Agency online at www.wiredforhealth.gov.uk/cat.php.?catid=866&doid=746805/05/05).

Alcohol education is also one of the themes in the National Healthy Schools Standard (DfES 2004). Alcohol education is however generally addressed in schools as part of the wider drugs education policy where, it has been claimed, there is a tendency to focus on illegal drug use (Alcohol Concern 2001). Guidance to schools also suggests issues of sex, drugs, smoking, alcohol and other risk taking behaviour should be addressed through a whole school approach and that education on these different topics should be linked together (DfEE 2000, DfEE 1999, Alcohol Concern/Drug Scope 2001, Alcohol Concern 2001).

Guidance for schools based on recent evidence suggests that drug education, including alcohol education, needs to start at an early but appropriate age and is most successfully delivered as part of a PSHE curriculum emphasising information and social skills approaches, using a range of teaching methods. Emphasis is given on the need for drug education to be delivered through a long term sustained approach based on previous teaching (DfES 1998). Schools have been called on to give alcohol equal status to illicit drugs in Drug Education and to recognise the mixed messages children and young people hear about the use and risks of alcohol. (Alcohol Concern 2001).

6. Literature findings

TIE is a complex pedagogic intervention and calls have been made for it's success not to be judged purely on outcomes related to knowledge, attitudes and behaviour (Denman et al 1995). However, despite this and despite the methodological issues highlighted above, there are some key themes regarding outcomes achieved by TIE demonstrated in the available, relevant evidence.

6.1 Knowledge

One of the key areas that TIE seeks to develop is young people's knowledge relating to drugs and alcohol. In this area, there is not a consensus on TIE's effectiveness. Much of the evidence identified little or no impact on levels of

knowledge (Safer and Harding 1993, Firmstone 1999, Thrush et al 1999, Elliott 1996, McEwan 1991). The latter two studies focussed on HIV and AIDS education but the TIE models and interventions used can be seen to be the same as those used in TIE alcohol interventions. Others, however, have demonstrated a measurable impact on knowledge levels (Holsclaw 1997, Winston 2001) with one identifying a significant impact on knowledge of specific illegal drugs and awareness that alcohol and tobacco are also drugs (Starkey and Orme 2001). These studies all focussed on immediate or short term knowledge gains.

One study suggested that knowledge levels improve where specific misconceptions have been identified and those particular groups have been targeted by the intervention (Denman et al 1995). One study showed that a TIE performance without an accompanying workshop which provides an opportunity to process and consolidate learning is far less effective (Hecht 1993). The findings of another study questioned the effectiveness of the TIE project in raising awareness of alcohol issues but found it to be more effective in raising issues of peer pressure, relationships, loyalty and betrayal. However, it also made the point that alcohol use takes place within young people's social frameworks making these highly relevant issues (Cousins and Somers 2001).

6.2 Attitudes

There is perhaps more agreement on TIE's potential to have a positive impact on young people's attitudes and that it can be a useful tool in influencing emotive issues such as empathy and anxiety (Drug and Alcohol Education Prevention Team 2004, Glicksman 1983, Starkey and Orme 2001, Firmstone and Jenkins 1999, Safer and Harding 1993) However, again there is not complete agreement over this, or agreement over the degree to which attitudes can be changed. One study found there to be no impact on attitudes at all (Thrush et al 1999).

6.3 Behaviour

The third area that TIE traditionally seeks to influence is the behaviour of participants. There is very limited evidence in this area and this is likely to be for a number of reasons. The large majority of primary school pupils participating in a TIE event are unlikely to be engaged in excessive alcohol consumption and therefore a change in their immediate behaviour towards alcohol is unlikely to be observed. There are no longitudinal studies that explore the longer term behaviour of participants and if there were it would be difficult for a study to conclude that any behaviour change was directly attributable to a TIE intervention because of the vast amount of messages about alcohol that young people are exposed to as they are growing up. One older study did identify immediate impact on drinking behaviour amongst adolescents (Glicksman 1983).

There are however studies that explore intended behaviour, motivations and skills. These tend to be studies looking at the wider issues of drugs and sexual health with older participants. These studies do demonstrate some short term changes in behaviour or intended behaviour as well as the employment of positive strategies for dealing with situations (Perry et al, Hecht, Glicksman 1983, Salmon, 2000, Harvey 2000, Needham 1999). One study with primary school pupils showed small but positive trends in problem solving exercises involving decision making scenarios (Starkey and Orme 2001). TIE interventions that use other and older children to develop and perform an initiative have also demonstrated improvement in skills such as decision making, communication, problem solving, team working (Winston 1998) and a belief that they had acquired skills they would use in negotiating situations (Evans 1998).

6.4 Learning opportunities

One area that all the evidence is in agreement on is the degree to which TIE is embraced as a learning opportunity by young people. There is a consensus that young people, teachers and parents view TIE as an engaging, interesting and enjoyable form of learning that captures the imagination of young people

(Taylor, 2000, Trust Me 1999, University of Newcastle 2001, Hull and Denman 2000, Sinnett 1998, Cousins and Somers 2001, Winston 2001, Bury et al 1998).

Teachers feel overwhelmingly that this is an effective learning tool that supports them in their delivery of the PSHE curriculum (Perry et al 2002, Orme and Starkey 1998, University of Newcastle 2001). TIE has been shown to be an effective way of stimulating discussions, (Orme and Starkey 1998) including discussions about sensitive or personal issues (Blakey et al 1991). One study concludes that teachers observed a TIE project to be particularly effective at gaining active participation from pupils normally less likely to contribute to class discussion and that no incidents of bad behaviour amongst pupils were observed (Cousins and Somers 2001).

Discussion resulting from this form of intervention has also been shown to help young people see the relevance of alcohol and substance use to the world around them and motivate them to learn more, allowing participants to distance themselves from their own behaviour while at the same time dealing with their personal issues (Harding et al 1996). A comparative study between a TIE project and the DARE initiative (Drug Abuse Resistance Education – a programme delivered in partnership with police), found that theatre was far more effective in encouraging pupils to talk about their feelings (Lisnov et al 1998). Orme & Starkey (1998) also demonstrated that there is some evidence that interventions stimulate discussion between parents and their children about issues and a further study concluded TIE was more effective in enabling adults to find out more about how adolescents experience life and think about issues (Harding et al 1996).

While there is not complete agreement within the research regarding the impact and outcomes of TIE, there is more consensus amongst process evaluations about the characteristics and conditions required in order for a TIE project to be successful. The effectiveness of an intervention has been shown to be affected by the implementation process (Denman 1996).

6.5 Accompanying work

Preparatory and follow up work, led by teachers in a classroom situation, has been identified as being extremely important for young people in ensuring they get the most out of an intervention (Orme and Starkey 1998). This has been shown to be useful in helping pupils identify with characters, to understand the drama and to understand it's context (Cousins and Somers 2001). Preparatory work was also shown to be important in securing students willingness to engage with the characters (Cousins and Somers 2001) and to provide a more comprehensive programme of work (Denman et al 1996). The role of the tutor or teacher in this is clearly key and the provision of appropriate resource material to support teachers undertake this is important (Sextou 2003).

6.6 Participation Opportunities

The importance of a combination of active participation by pupils through techniques such as hot seating and discussion through workshops alongside the visual impact of the performance in order to effect changes in attitudes, has been demonstrated (Harding and Safer 1996). Hot seating or truth seating, where pupils have an opportunity to ask the characters about decisions they made and issues they faced during the performance is one such opportunity for participation and has been described in one study as the '*crucial interface between students interest, learning and the performance*' (Cousins and Somers 2001). TIE performances are often accompanied by an actor led workshop. This provides an opportunity to consolidate and process learning. Performances that are followed by a workshop have been shown to be more effective than a performance on its own in terms of changing behaviour (Hecht 1996). This study suggested that the entertainment value and fast moving pace of the performance detracted from knowledge acquisition and the discussion that took place during the workshop was crucial in shifting the focus back to the key learning issues.

It has also been argued that a performance without a workshop minimises the possibility of transferring any reflection to students own lives (Cousins and Somers 2001). Limited funding has resulted in increasing numbers of schools cutting costs of the programme by commissioning performances without workshops (Sextou 2003) thus potentially limiting the impact of the programme. A further cost cutting mechanism has been for schools to commission performances for larger audiences across year groups rather than for smaller targeted groups. Commentators have claimed that TIE works best with small homogenously aged groups of 30-40 children (Sextou 2003). However this has not been tested in any studies.

6.7 Actors, characters and storyline

An ability of pupils to relate to the storyline and to the characters within it has been seen as central to the success of TIE (Cousins and Somers 2001). The importance of the storyline and characters being seen as realistic and allowing the audience to distance themselves from their own behaviour while still considering their own personal issues have been highlighted as success criteria (Harding et al 1996). In general it has been shown to be more effective to concentrate on fewer subjects or issues in more depth during the initiative (Orme and Starkey 1998) and to focus on events that are not too far removed from the pupils own frame of reference (Firmstone and Jenkins 1999). Matching performances to particular audiences has been claimed to be a likely key component of a successful intervention (White et al 2004).

The actors need to be highly skilled in using participatory sequences, performing, teaching as well as having a comprehensive factual knowledge of the subject matter (Sextou 2003, Sawney et al 2003). Several studies have also demonstrated the importance of having actors who are credible in the eyes of young people and who use a language they can relate to (McEwan et al 1991). This includes having a similar accent to participants and including some references to local places or current issues. A relatively small difference in age has been shown to be one way of increasing the bond between actors and audience (Taylor 2000).

Training in confidentiality and child protection to ensure actors operate appropriately in a school setting has also been identified as being important for the protection of both pupils and actors (Starkey and Orme 2001, Denman et al 1998). Alongside this though is the importance of actors and the Theatre Company being seen as professionals from the acting world (Taylor 2000).

6.8 Partnership working

A close working relationship between the TIE company and the schools and teachers has been identified as being important (Sextou 2003, Salmon 2000, Denman et al 1996) with support from the senior management team, governors and parents, all being shown to play a key role (Winston 2001). Interventions have been shown to be huge organisational exercises that require a significant amount of consultation (Blakey et al 1991) and time to plan. One study suggested a 12 month planning period was needed (Denman et al 1998) with a need for all professionals involved to be clear about their responsibilities (Taylor 2000). In particular teachers need to be clear about the level of their involvement and what role they are to play. Studies have shown that teachers need to be actively involved in the delivery of this kind of intervention rather than acting as an observer. In particular they need to provide actors with information about the needs of their pupils and be actively engaged in follow up work, dealing with any individual issues that may arise for pupils (Starkey and Orme 2001) and to ensure that discipline is maintained during the intervention (Orme and Starkey 1998). The planning period should also include sessions and actual visits by the TIE company to each participating school (Taylor 2000) and opportunities for teachers to see the play in advance to have a chance to explore their own attitudes and address misconception about the messages within the play (Turnball et al, Firmstone and Jenkins 1999).

Opportunities for partnership working beyond the school and TIE companies have also been identified, for example the involvement of local health workers

has been shown to be an effective way of raising awareness of local services and addressing fears about how to access them (Taylor 2000).

6.9 Position within curriculum

A TIE intervention cannot be seen to be effective when delivered as a one off stand alone intervention (Bury et al 1998, Firmstone and Jenkins 1998). There is a need for it to be integrated into a whole school approach and part of broader alcohol education and PSHE curriculum.

6.10 Cost

There are no rigorous studies exploring the cost effectiveness of TIE projects although it can be relatively expensive (Drug and Alcohol Education and Prevention Team 2004). One study did look at the cost implications of a TIE project focusing on HIV/AIDS and concluded that it is expensive when compared to other health promotion interventions (Elliott 1996). Another study concluded that it may be a cost effective way of promoting health and preventing disease (Perry et al 2002). More research is needed in this area.

7. Overall Appropriateness of TIE as an Alcohol Education Intervention

The majority of papers studied for this review focussed on impact or process evaluations of TIE projects. Those that included a process evaluation did so from the perspective of what those people involved felt improved the experience for participants or acted as a barrier to successful implementation. None of the studies contained an examination of the extent to which TIE programmes are compatible with established principles of best practice in alcohol education.

There is not complete consensus on the most effective approaches to any form of personal, social and health education with young people or even complete agreement as to what the overarching ideology should be i.e. abstinence, harm reduction and risk management. However, there are a number of characteristics that have been well evidenced and incorporated

within guidance provided to schools in order to encourage a more consistent and evidence based approach to alcohol education. It is important to explore these characteristics in order to determine the extent to which TIE as a form of alcohol education is compatible.

There are opportunities for alcohol education to include either universal messages that are intended for any audience of young people or for messages to be more tailored and targeted to the specific issues of a particular group of young people. While there are suggestions that a universal message may be appropriate for a younger or lower risk audience (Canning et al 2004, McGrath et al 2006), there is a general consensus that some targeting of programmes is important, particularly for adolescents already using alcohol or in high risk groups (Canning et al 2004). In particular there is a need for programmes to be targeted according to age, gender, background and ethnicity as well as the stage of development of an audience or specific confusion or gaps in knowledge (Galahad and AERC 2005, WHO 2002, National Drug Research Institute and Centre for Adolescent Health in Australia 2004). As such, programmes should be based on an assessment of need. In fact, there is some evidence that universal prevention programmes with high risk students potentially have an adverse effect (White and Pitts 1998, Windle and Windle 1999). Within this targeting, needs assessments need to be undertaken that consider different influencing factors affecting different groups of young people. Reasons for alcohol use amongst girls, for example, may differ from pressures and influencing factors affecting boys (McGrath et al 2006). The importance of culturally focussed interventions that take into consideration cultural beliefs, values and norms has also been demonstrated (AERC 2004)

Key to successful targeting of programmes is that alcohol education needs to revolve around examples and situations that are realistic and relate to the lives of the group (AERC 2004, Galahad and AERC 2005). In order to do this effectively programmes need to acknowledge that the use of alcohol in many sections of society and within certain groups of adolescents is an established norm. For many young people alcohol use is viewed as attractive, with

positive effects and experienced without consequences that young people view as negative or significant (Galahad and AERC 2005) For some it is a form of behaviour that results in social acceptance among peers and can define status within a group, that may be seen as akin to adult status. For some it is seen as a way of establishing bonds of friendship that young people may be seeking (AERC 2003) and experimentation may be seen, to a degree, as a rite of passage. Alcohol education programmes need to acknowledge the very real positive benefits that young people may perceive alcohol to have and ensure program content balances these with negative consequences of alcohol misuse.

There is a suggestion that where norms of alcohol use among young people are not recognised in an alcohol education program and consumption is labelled as deviant behaviour, this may be counter effective. Young people may, in fact, fail to relate this depiction to their own situation or use, and in fact attempt to live up to the image of being rebellious created by the program (AERC 2004). As such, a distinction has to be made between educational and propaganda based approaches which exaggerate the dangers and perpetuate stereotypes without allowing young people to develop their own decision making skills (Drugscope 2006). Scare tactics may have the potential to have high immediate impact but there is little evidence that young people relate them to their lives or that they result in any long term change in behaviour (DFES 1998, Galahad and AERC 2005).

This leads to the ideological discussions about whether the overarching aim of alcohol education should be that of abstinence, delayed onset of alcohol experimentation or harm minimisation. A recent large scale study carried out in Australia (McBride et al 2004) used a control trial design to explore the impact and outcomes of a harm minimisation approach to alcohol education with secondary school age pupils compared to a conventional curriculum. The findings showed that the harm minimisation approach which prioritised ensuring young people were equipped to protect themselves from alcohol related harm as opposed to focussing on messages that young people should abstain from alcohol use, was more effective in delaying the onset of drinking,

influencing attitudes, reducing unsupervised drinking and reports of alcohol related harm amongst the younger age group. Harm reduction from alcohol use continued in the 15 year plus age group. The thinking behind such approaches is that it is unrealistic to expect young people to abstain from any alcohol experimentation in a society where alcohol consumption is so normalised, where they are surrounded by media messages that encourage and glamorise the use of alcohol within youth culture and when they may see peers experiment with alcohol use with little or no negative consequences. The study shows that the harm minimisation message as opposed to an abstinence message does not result in increased experimentation. This is supported by other studies into wider drug education (National Drug Research Institute and the Centre for Adolescent Health 2004, Lowden and Powner 2000, McGrath et al 2006) and the importance of including messages focussed on preventing harm rather than purely abstinence based messages have been incorporated into strategic policy documents and guidance for schools (Home Office 2004, Galahad and AERC 2005).

While clarity of the underpinning philosophy is important, so to is the clarity of the messages contained within the educational program and clear and accurate information. Studies show that young people are often misinformed about alcohol, it's legal status and it's effects and that they are interested in obtaining accurate information (AERC 2003) However, information alone is unlikely to change attitudes or behaviour (Galahad and AERC 2005, McGrath et al 2006, DfEE 1998) and programmes also need to explore attitudes and values and develop appropriate life skills (Drugscope 2006, Galahad and AERC 2005, DfEE 1998). The link between the development of personal and social skills as well as self esteem and reducing drug taking is contested. While a view is held that the development of self esteem will lead to increased ability to resist peer pressure and therefore reduce the likelihood of alcohol experimentation and alcohol related harm, this view is not held by all. Guidance produced by the Dept for Education and Employment concludes that:

'Personal and social skills however have not been shown in themselves to relate directly to the prevention of drug use'. (DfEE 1998)

One review of research concluded that there is some evidence that increased levels of confidence and self esteem increases the likelihood of young people experimenting with alcohol and drugs because of the high social status that alcohol use offers; those with higher confidence are more likely to engage in risk taking behaviour in pursuit of that status (Galahad and AERC 2005). The paper goes on to say that while confidence and self esteem are of benefit to young people and should be aspired to, they should not be seen as way of automatically preventing alcohol use. More research is needed in this area.

Literature does show that there are a number of characteristics of the way in which alcohol education is delivered that have been shown to be good practice. Programs need to include opportunities for discussion where young people feel safe and able to contribute. Interactive methods that are not focussed purely on information giving or make young people feel that they are being preached at are important (AERC 2003, Drugscope 2006, Canning et al 2004, Galahad and AERC 2005, DfEE 1998.) They also require a clear and consistent message, to be delivered by a credible source and for teachers to have adequate training and support in the development, delivery and commissioning of programmes (Galahad and AERC 2005,)

Research has shown that while different drug and alcohol education programmes are more successful in increasing knowledge, improving skills such as decision making and problem solving and in changing attitudes in the short term, they are less successful in changing behaviour patterns (McGrath et al 2006,). However, there are calls for realism in expectations of what brief alcohol education interventions can achieve (Drugscope 2006, McGrath et al 2006). McBride (2004) in particular calls for the assumption that school drug education should or could have a continued long term effect after young people leave school to be questioned. Rather, there is a need for interventions to be given large amounts of curriculum time and form one part of a wider well planned PSHE curriculum but also form part of a comprehensive response that spans the community and society (Drugscope 2006 DfEE 1998, Galahad and AERC 2005, Canning et al 2004).

Thus, from this review it is possible to identify a number of characteristics of good practice in alcohol education:

- Programmes based on a universal message of alcohol prevention should be restricted to younger and lower risk audiences, while older, higher risk groups and those already experimenting with alcohol require more targeted messages.
- Programs should be tailored to suit age, gender, background, ethnicity and stages of development.
- Programmes should be based on an assessment of need.
- Programme content should relate to the lives and experiences of the young people and acknowledge the place of alcohol in the lives of young people.
- Programme content should not exaggerate dangers or perpetuate stereotypes.
- Programmes should not be based on scare tactics or adopt a 'just say no' approach but should incorporate messages of harm minimisation.
- Content should be based on clear consistent messages and incorporate accurate information.
- Programmes should not be purely information based but should explore values, attitudes and see to develop life skills
- Content should be based on interactive methods that provide young people with a safe environment in which to contribute to discussions.
- Programmes need to be delivered by a credible source
- Aims and objectives should be realistic in what they seek to achieve and brief interventions should be planned as part of a wider comprehensive programme of personal, social and health education.
- Teachers should be provided with training and support in the development, commissioning and delivery of alcohol education.

It is not possible to make a comprehensive assessment of the extent to which TIE programmes do currently adhere to such standards as there have not been any studies that explore this angle. It is likely that there is a great deal of

variation from one company to another. It is however possible to discuss the potential of TIE to operate within these principles.

Clearly, there is potential for a specifically commissioned piece of drama to be tailored to the needs of a particular group of young people and to include targeted messages. However, such an approach is an expensive form of alcohol education (Drug and Alcohol Education and Prevention Team 2004). With limited budgets and time to undertake a commissioning process, schools are more likely to purchase an existing production. This does not mean that adaptations cannot then take place but the focus is likely to be on tailoring rather than targeting. This may then reduce their ability to meet specific needs or address particular gaps in knowledge. Purchasing existing productions may therefore be more appropriate for younger and lower risk groups although more research is needed in this area.

There is also potential for TIE storylines to recognise the social context of alcohol in the lives of young people and for stories to balance the negative and positive consequences of alcohol experimentation and use. The dramatic depiction of alcohol provides a valuable opportunity to acknowledge and to some extent replicate the use of alcohol by young people in a way that they may relate to. However, the complex position of alcohol and the fact that young people, even within one audience, cannot be seen to be a homogenous group but will be experiencing alcohol in many different contexts, makes this a difficult thing to achieve in one short production. There is a danger that it may over simplify the situation. There is also a danger that as a piece of theatre, the effectiveness of the storyline relies on impact and drama and this is inevitably likely to include negative outcomes from behaviour. As such there is a danger that the dramatic approach may actually remove the issue from the lives of most young people, exaggerate or sensationalise situations or incorporate subtle elements of a scare tactics type of approach that has been shown to be largely ineffective. It is perhaps hard for a one off piece of drama to incorporate complex harm minimisation messages although follow up workshops and class room based accompanying work may be an opportunity to explore this further. It is equally

difficult for a performance on its own to work to develop life skills. This backs up the points raised earlier regarding the importance of the accompanying work to run alongside the TIE performance.

TIE interventions can clearly be part of a wider curriculum of PSHE and can be used as a trigger to explore and develop skills further, however the high profile and relative cost of TIE may create an inclination to see it as being sufficient alcohol education provision within the curriculum.

Clearly though TIE is based largely on interactive processes and can, when accompanied by workshops, provide opportunities for further pupil discussion. The importance of providing teachers with support and training has been discussed above but again the extent to which this happens is likely to vary.

Thus, it could be argued that TIE does, to a certain extent, have the potential to work within principles of good practice for alcohol education in particular when accompanied by a follow up workshop and accompanying classroom based work and when it is commissioned for a specific group rather than purchased as an existing production. However, there are also dangers that productions are not produced in line with such principles and that they may in fact operate in a way that goes against these principles. Further research is needed in this area.

8. Conclusions

- TIE is an innovative and engaging medium that captures the imagination of young people and is effective in establishing discussion and ongoing dialogue about personal, social and health issues relating to alcohol use in a way that teachers can find challenging within the confines of a classroom setting.
- While there is not a consensus in the evidence regarding the ability of all TIE interventions to increase knowledge levels, there are studies focussing on TIE within drugs and alcohol education, that have shown measurable or significant knowledge gains. This suggests that while

not all programmes increase knowledge, TIE as a model does have the potential to impact on the knowledge of young people. Knowledge is most likely to increase where performances are needs led, targeted and accompanied by an actor led workshop.

- There is evidence to suggest that TIE has the potential, although does not always, influence young people's attitudes towards health related issues.
- Evidence of TIE's ability to influence young people's behaviour in relation to alcohol use is limited. Evidence does suggest that TIE can influence short term behaviour, intended behaviour, improve problem solving skills, decision making and improve communication.
- TIE, when delivered in targeted way with accompanying workshops and as part of an ongoing curriculum of alcohol and PSHE work, has the potential to meet many of the principles of good alcohol education. The extent to which programmes do actually operate within such principles needs further exploration.
- TIE can be effective in enabling young people to see the relevance of alcohol to their lives and provides a safe opportunity to discuss how alcohol impacts on their lives in an anonymous way. There is also evidence that it encourages further discussion with adults such as parents and health professionals.
- Adequate preparatory and follow up work with pupils, led by teachers, is essential to ensure the effectiveness of a programme and to consolidate learning. Appropriate teaching resources need to be provided to support this.
- A TIE performance is most effective when opportunities for pupil participation and interaction with characters and actors is built into the programme. In particular hot seating and discussion or activity based workshops are popular ways of engaging with pupils.

- Central to the success of a performance is the need for pupils to be able to relate to the issues and storyline, for the performance and actors to be credible, for it to be geographically relevant and to concentrate of a few focussed and relevant issues.
- Actors require a range of skills and need to be seen as professional actors while being skilled in participatory and teaching methods. In addition, they require an accurate and up to date factual knowledge of alcohol and related issues and issues of child protection and confidentiality when working in schools.
- Interventions need to be actively supported by the whole school community with close partnership working and communication between the TIE company and schools. Clarity is needed of teachers roles and responsibilities.
- Effective TIE programmes require a large amount of organisation and a sufficient planning period. Schools need to be prepared for this when commissioning a programme.
- Teachers should be actively involved in the programme rather than acting as observers. They require sufficient briefing, resources or teaching materials and preferably performance previews to support them in this.
- TIE interventions should not be seen as being additional to the ongoing curriculum within schools but should be an integral part of a whole school approach and broader alcohol education and PSHE curriculum.
- Conclusions within this study are consistent with recent guidance documents produced to support the commissioning and management of TIE projects, in particular: 'Drug and Alcohol Education Through Theatre' (Drug and Alcohol Education and Prevention Team 2004) and 'It Opened my Eyes – using theatre in education to deliver sex and relationship education' (Sawney et al 2003).

- The evidence base, while expanding, remains limited and specific gaps are outlined below. In particular, more work needs to be done to develop appropriate and more sophisticated evaluation tools for measuring the less tangible impact and outcomes of TIE.
- More research is needed to explore the extent to which TIE programmes are developed and delivered within existing principles of good practice within the wider field of alcohol education.

9. Areas for Future Research

This literature review has identified a number of gaps in the current research.

1. There are opportunities for individual schools, clusters of schools or Local Education Authorities to commission TIE companies to write new TIE performances that respond specifically to locally identified needs of issues. However, due to fiscal constraints most schools purchase an 'off the shelf' package that has already been produced or buy into a production that is on tour. While research and evaluation studies explore situations that use both of these arrangements, there are no studies that compare the two approaches to identify the differing outcomes or impact.
2. There are no studies that look at the longer term outcomes of TIE interventions and this remains a significant gap in the evidence base.
3. While there are evaluations that look at TIE interventions which address a range of personal social and health issues including drugs, sexual health, child protection, healthy eating, there are no studies that explore whether TIE is more effective at addressing some topics rather than others.
4. Recommendations for drug education and many of the TIE evaluations themselves state that projects should not be stand alone but should form part of a wider and ongoing drugs or PSHE curriculum. However,

most of the research focuses on evaluation of TIE interventions in isolation or as stand alone projects. There is potential for TIE to be evaluated within the context of the wider curriculum and as part of a much broader evaluation.

5. Studies have looked at interventions with a broad range of age groups. However, research does not tell us if there is an age where TIE has most impact and if so, what that age group is.
6. Studies focus on TIE when used within formal education establishments, primarily primary and secondary schools. TIE is also used in less formal youth and community settings, with targeted vulnerable groups such as looked after children and young offenders and also in college or higher educational establishments. It is also used in workplace settings. More research is needed in the effectiveness of TIE when working with these groups and settings.
7. Research is also needed into the extent to which TIE companies are aware of evidence based principles of good alcohol education, and the degree to which they use them to plan and deliver TIE programmes.

10. Recommendations

1. Commissioners should continue to fund TIE projects for alcohol education projects in schools where they demonstrate the characteristics of effective interventions listed in this study. In particular, programmes should;
 - be based on a needs assessment and targeted for the particular audience
 - be part of a wider and ongoing alcohol education curriculum
 - be delivered in partnership with the whole school community
 - use participatory methods and be accompanied by a workshop

- have a well planned programme of preparatory and follow up work.
 - supply teachers with support, guidance and/or resources to support them in preparatory work and offer them a performance preview.
 - be delivered by actors who are skilled in participatory teaching methods and well informed about alcohol related issues
 - ensure actors are trained in child protection issues and confidentiality when working in schools.
 - have an evaluation plan built into the programme.
2. In order to ensure programmes are needs led and targeted, commissioners should consider, where possible, commissioning new programmes based on thorough needs assessments rather than purchasing 'off the shelf' packages. Where this is not possible, negotiations should take place between commissioners and theatre companies in order to adapt programmes to specific local needs.
 3. The findings of this literature review support the practical advice laid out in the guidance document ' Drug and Alcohol Through Theatre' (Drug and Alcohol Education and Prevention Team, 2004). Commissioners of TIE projects should encourage schools to work within these guidelines when managing an initiative and working with a theatre company.
 4. In order to further develop the potential of this as an effective form of alcohol education further research should be encouraged in order to fill gaps in the evidence base.

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